

S/N: TBA

3/8/2001

DOCKET NO.: OGA-181-USAP

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Mitsuru HIGUCHI, et al.

Serial No.: TO BE ASSIGNED

Art Unit: TO BE ASSIGNED

Filed: March 8, 2001

Examiner: TO BE ASSIGNED

For: ELECTRONIC ENDOSCOPE APPARATUS WITHOUT FLICKER ON SCREEN

UTILITY PATENT APPLICATION TRANSMITTAL

IN ACCORDANCE WITH 37 CFR §1.53 (b)

Assistant Commissioner of  
Patent and Trademarks  
Washington, D.C. 20231

BOX: PATENT APPLICATION

Sir:

This application is a:

☒ New Application.

☐ Continuation

☐ Divisional of U.S.P.T.O. Serial Number \_\_\_\_\_, filed

\_\_\_\_\_.

☐ Continuation in Part of U.S.P.T.O. Serial Number \_\_\_\_\_ ,  
filed \_\_\_\_\_.

The undersigned has been authorized by the Applicant(s),

Mitsuru HIGUCHI

Kazuhiro YAMANAKA

FOR: ELECTRONIC ENDOSCOPE APPARATUS WITHOUT FLICKER ON SCREEN

to file the attached specification and required drawings. Please assign a  
serial number and accord a filing date to this prospective application.

Enclosed are:

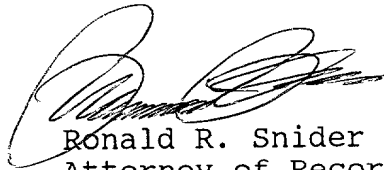
- 13 pages of Specification,
- 2 page(s) of Claims,
- 1 page of an Abstract, and
- 5 sheet(s) of Drawing(s). Total pages in the disclosure are therefore 21
- X Return Receipt Postcard (MPEP 503).
- X Application Data Sheet
- X Oath or Declaration with Power of Attorney
  - X Newly executed (original or copy)
  - Copy from a prior application (37 CFR §1.63(d))
- Signed Statement deleting inventor(s) named in prior application.
- Applicant claims Small Entity status under 37 CFR §1.27.
- X Assignment of the Invention and \$40.00.
- X A certified copy of Priority Document(s).
- A Preliminary Amendment.
- Letter to the Official Draftsperson and amended drawing(s).
- An Information Disclosure Statement (IDS)/PTO Form 1449.
- X The basic filing fee of \$710.00.

X The fees for the claims to be calculated as follows:

Claims Presented		Less Entitlement		Additional Fees			
				Small Entity		Large Entity	
Total	4	Minus	20	x \$9=	0.00	x \$18=	0.00
Indep.	1	Minus	3	x \$39=	0.00	x \$78=	0.00
New Multiple Dependent Claims		-0-		x\$130=	0.00	x\$260=	0.00
And Claims Dependent Thereon		-0-		x\$130=	0.00	x\$260=	0.00
<b>TOTAL ADDITIONAL FEE</b>				<b>0.00</b>		<b>0.00</b>	

X A check in the total amount of \$750.00 is enclosed to cover filing fee, Recordation of Assignment fee, and excess claims fee.

X The Commissioner is hereby authorized to charge to my Deposit Account No. 19-2816 any fees required under any of 37 CFR §§1.16 to 1.17 at any time during the pendency of this application.

  
 Ronald R. Snider  
 Attorney of Record  
 Registration No. 24,962

Date: March 8, 2001

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